

<b>CERTIFICATE OF FIELD VERIFICATION AND DIAGNOSTIC TESTING</b>		<b>CF-4R-MECH-23</b>
<b>Verification of High EER Equipment</b>		<b>(Page 1 of 1)</b>
<b>Site Address:</b>	<b>Enforcement Agency:</b>	<b>Permit Number:</b>

**Verification of High EER Equipment**

*Procedures for verification of High EER Equipment are described in Reference Residential Appendix RA3.4. For dwelling units with multiple systems, the procedures must be applied to each system separately. As many as 4 systems in the dwelling can be documented for compliance using this form. Attach an additional form(s) for any additional systems in the dwelling as applicable.*

1	System Name or Identification/Tag				
2	System Location or Area Served				
3	Certified EER Rating of the installed equipment (Btu/Watt-hr)				
4	Make and Model Number of the installed Outdoor Unit				
5	Make and Model Number of the installed Inside Coil				
6	Make and Model Number of the installed Furnace or Air Handler.				
7	Minimum Equipment EER required for compliance as reported on the CF-1R				
<input type="checkbox"/> When a high EER system specification includes a time delay relay, the installation of the time delay relay must be verified for compliance credit. Refer to Reference Residential Appendix RA3.4.3 for the Time Delay Relay Verification Procedure. <input type="checkbox"/> When installation of specific matched equipment is necessary to achieve a high EER, installation of the specific equipment must be verified for compliance credit. Refer to Reference Residential Appendix RA3.4.3 for the Matched Equipment Verification Procedure.					
8	If the Certified EER Rating in row 3 is equal or greater than the required minimum EER in row 7, the unit complies. <b>If the unit complies enter Pass</b>				

**DECLARATION STATEMENT**

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- I am the certified HERS rater who performed the verification services identified and reported on this certificate (responsible rater).
- The installed feature, material, component, or manufactured device requiring HERS verification that is identified on this certificate (the installation) complies with the applicable requirements in Reference Residential Appendices RA2 and RA3 and the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the local enforcement agency.
- The information reported on applicable sections of the Installation Certificate(s) (CF-6R), signed and submitted by the person(s) responsible for the installation conforms to the requirements specified on the Certificate(s) of Compliance (CF-1R) approved by the enforcement agency.

<b>Builder or Installer information as shown on the Installation Certificate (CF-6R)</b>		
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)		
Responsible Person's Name:	CSLB License:	
<b>HERS Provider Data Registry Information</b>		
Sample Group # (if applicable):	<input type="checkbox"/> tested/verified dwelling	<input type="checkbox"/> not-tested/verified dwelling in a HERS sample group
<b>HERS Rater Information</b>		
HERS Rater Company Name:		
Responsible Rater's Name	Responsible Rater's Signature	
Responsible Rater's Certification Number w/ this HERS Provider:	Date Signed:	